

Foster Family Home - Corrective Action Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN

Review ID: 1-170087-3

94-1144 Eleu Street

Reviewer: Maribel Nakamine

Waipahu HI 96796

Begin Date: 12/5/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.
Corrective Action Report issued during home inspection with all items due to CTA by 1/5/20.
6.(d)(1)- see applicable sections of the review

PCG requests to increase to 3 person CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN renewed on 11/7/18 expired 10/19/18 for CG#1 and CG#2; for CG#3 APS/CAN renewed on 1/15/19 expired 1/6/19; for CG#4 APS/CAN expired on 4/28/18 renewed on 11/29/18.

Maribel Nakamine, RN
Compliance Manager

12/5/19
Date

Marian Nakahashi
Primary Care Giver

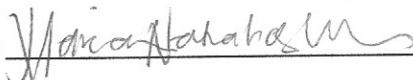
12/5/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Marian Nakahashi**

CCFFH Address: **94-1144 Eleu St Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG #1 showed the current APS/CAN documents to the CTA Compliance Manager during CCFFH home survey for CG#1, CG#2 and CG#3; documents were placed in home binder.	12/5/19	CG#1 will use iPhone calendar to schedule due dates two to three months in advance to prevent future lapses.

Primary Caregiver's Signature: 

Print Name: **Marian Nakahashi**

Date of Signature: 12/05/19